



Form REF-1000A

State Form 48389

(R/ 02-02)

Indiana Department of Revenue

Compliance Division

## Affidavit of Certification of Tax Paid Invoices

Name of Seller		
D/B/A		
Address		
City/Town		State
		Zip Code
FEIN Number	Social Security Number	R.R.M.C. Number
Business Telephone Number (      )		E-mail Address (optional)

The attached copies of (number of) \_\_\_\_\_ invoice(s) showing (name) \_\_\_\_\_  
\_\_\_\_\_ as purchaser represent sales of fuel on the dates shown on  
the invoices by the supplier whose name appears above.

Listed below are invoice number(s), date(s), and gallonage of these purchases according to our records.\*

Copies of all listed invoices are attached. These records are available for review at \_\_\_\_\_  
\_\_\_\_\_.

Invoice #	Date	Gallons	Diesel/ Gasoline (Circle One)
			D/G
			D/G
			D/G
			D/G

Invoice #	Date	Gallons	Diesel/ Gasoline (Circle One)
			D/G
			D/G
			D/G
			D/G

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Title

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My commission expires:

\_\_\_\_\_

\_\_\_\_\_

\*Attach additional sheets if necessary.

Notary Public